

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Eugene S. Clarke  
Full Address P.O. Box 373, Hollandale, MS 38748  
Telephone 662-827-5685 (Fax) 662-827-7264  
E-mail Clarkeiv@bellsouth.net  
Office Sought State Senator District 22 Political Party Republican



☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	12,850 <sup>00</sup> - 0 - \$	12,850 <sup>00</sup> \$	12,850 <sup>00</sup>
Total amount of disbursements	2,265 <sup>00</sup> + 2,475 <sup>00</sup> \$	4,740 <sup>00</sup> \$	4,740 <sup>00</sup>
Total amount of cash on hand	\$	21,524 <sup>68</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Eugene S. Clarke  
 Reporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T Miss. SS-PPI PAC</u>	<u>9/17/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>175 E. Capitol St.</u>	<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required)	<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser Busch Companies</u>	<u>5/20/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>One Busch Place</u>	<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>St. Louis, MO 63118</u>	<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required)	<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Company PAC</u>	<u>12/15/09</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>PO Box 4079</u>	<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>	<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required)	<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Johnson - Johnson</u>	<u>12/29/09</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>10846 Chestnut</u>	<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Baton Rouge, LA 70809</u>	<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required)	<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>

Name of Candidate or Committee Eugene S. Clarke  
 Reporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Allstate Insurance Co. PAC</u>	<u>12/29/09</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>2775 Sanders Rd</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>Northbrook, IL 60062</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Americhoice Health Services</u>	<u>12/18/09</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>P.O. Box 1459</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>Minneapolis, MN 55440</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast Corporation</u>	<u>12/29/09</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>One Comcast Ctr</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>Philadelphia PA 19103</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Association</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pharmaceutical Research &amp; Manufacturers of America</u>	<u>12/10/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>771 N. Street</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>Baton Rouge, LA 70802</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>

Name of Candidate or Committee Eugene S. Clarke  
 Reporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Altria Client Services, Inc</u>	<u>11/16/09</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>1601 W. Broad St</u>	<u>  1  1  </u>	\$
City, State, Zip Code <u>Richmond VA 23230</u>	<u>  1  1  </u>	\$
Name of Employer (Required)	<u>  1  1  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Association</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association for Homecare</u>	<u>12/1/09</u>	\$ <u>300<sup>00</sup></u>
Mailing Address <u>134 Fairmont St Ste B</u>	<u>  1  1  </u>	\$
City, State, Zip Code <u>Clinton MS 39056</u>	<u>  1  1  </u>	\$
Name of Employer (Required)	<u>  1  1  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300<sup>00</sup></u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific Management</u>	<u>1/15/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>PO Box 6170</u>	<u>12/16/09</u>	\$ <u>500<sup>00</sup></u>
City, State, Zip Code <u>Phoenix AZ 85082</u>	<u>  1  1  </u>	\$
Name of Employer (Required)	<u>  1  1  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Schering-Plough Corporation</u>	<u>11/24/09</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>1136 Connecticut Ave. NW Suite 500</u>	<u>  1  1  </u>	\$
City, State, Zip Code <u>Washington DC 20036</u>	<u>  1  1  </u>	\$
Name of Employer (Required)	<u>  1  1  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>

Name of Candidate or Committee Eugene S. Clarke  
 Reporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PCI Political Account</u>	<u>1/1/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>2600 S. River Rd</u>	<u>12/29/09</u>	\$ <u>500<sup>00</sup></u>
City, State, Zip Code <u>Des Plaines, IL 60018</u>	<u>1/1/09</u>	\$
Name of Employer (Required)	<u>1/1/09</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer</u>	<u>1/29/09</u>	\$ <u>300<sup>00</sup></u>
Mailing Address	<u>1/1/09</u>	\$
City, State, Zip Code <u>Pittsburgh PA 15205</u>	<u>1/1/09</u>	\$
Name of Employer (Required)	<u>1/1/09</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker Donelson Mississippi PAC</u>	<u>1/15/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>P.O. Box 14167</u>	<u>12/30/09</u>	\$ <u>500<sup>00</sup></u>
City, State, Zip Code <u>Jackson, MS 39236</u>	<u>1/1/09</u>	\$
Name of Employer (Required)	<u>1/1/09</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAG - PAC</u>	<u>12/10/09</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address	<u>1/1/09</u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u>1/1/09</u>	\$
Name of Employer (Required)	<u>1/1/09</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>

Name of Candidate or Committee Eugene S. Clarke  
 Reporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AIA Sen PAC</u>	<u>9/30/09</u>	\$ <u>1,500<sup>00</sup></u>
Mailing Address <u>5605 Glenridge Dr. Ste 845</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Atlanta, GA 30342</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,500<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance</u>	<u>7/2/09</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>Box 550</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Cleveland TN 37364</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Eugene S. Clark  
Reporting period 11/1/09 through 12/31/09

# ITEMIZED DISBURSEMENTS

A. Full name <u>Mississippi Republican Party</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Box 60</u>		<u>8/18/09</u>	\$ <u>500<sup>00</sup></u>
City, State, Zip Code <u>Jackson, MS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>500<sup>00</sup></u>
B. Full name <u>David Clarke</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 932</u>		<u>5/7/09</u>	\$ <u>425<sup>00</sup></u>
City, State, Zip Code <u>Greenville MS 38701</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Event reimbursement</u>		Aggregate Year-to-date	\$ <u>425<sup>00</sup></u>
C. Full name <u>Clark, Bradley, Beker &amp; Co LLP</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 668</u>		<u>7/14/09</u>	\$ <u>1,040<sup>00</sup></u>
City, State, Zip Code <u>Hollandale, MS 38748</u>		<u>12/1/09</u>	\$ <u>300<sup>00</sup></u>
Purpose of Disbursement (Optional) <u>Reimbursement telephone, clerical, travel, computer</u>		Aggregate Year-to-date	\$ <u>1,340<sup>00</sup></u>
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$